



## Pupil Data Collection Form

Welcome to Westborough High School. Please complete this form fully in order to provide important information about your child to their new school. The range of information collected on this form about your child will ensure that they have the best start to their time at school.

At the end of this form you will be required to indicate you agree to all school policies that can be found on the school website [www.w-h-s.org.uk](http://www.w-h-s.org.uk)  
Please ensure you have read these policies **before** starting to complete the form.

If you have any questions regarding this form please telephone the school office on **01924 469 549** or email **office@w-h-s.org.uk**

### LEGAL AND PREFERRED NAME, HOME ADDRESS

<b>LEGAL Forename:</b>	
<b>LEGAL Surname:</b>	
<b>LEGAL Middle Name:</b>	
<b>PREFERRED Forename:</b>	
<b>PREFERRED Surname:</b>	
<b>Date of Birth:</b>	<b>Gender:</b>
<b>Name of primary school:</b>	
Please provide the school with a copy of your child's birth certificate to ensure we have the correct spelling of their name on record.	

<b>Home Address:</b> This is the address your child lives at all or most of the time.
<div style="text-align: right; margin-top: 20px;"><b>Postcode:</b></div>

<b>Additional Address:</b> If your child lives part of the week at another address, please provide the details here of the address and who they live with.	
<b>Lives with</b> e.g. mother, uncle	
<div style="text-align: right; margin-top: 20px;"><b>Postcode:</b></div>	

## GENERAL AND EMERGENCY CONTACT DETAILS

Please give details of **all persons who have parental responsibility** and anyone else you wish to be contacted in an emergency.

In the event of an emergency, the school requires the names and contact details of **at least 2 people** who can be contacted. This is essential information for the safety of your child and it is important that you update the school if any mobile/contact numbers change at any point.

### CONTACT 1

Name:

Relationship to child e.g. mother, uncle:

Parental responsibility tick as appropriate:

Yes

No

Address:

Post Code:

Mobile Telephone Number:

Home Telephone Number:

Work Telephone Number:

Email Address:

### CONTACT 2

Name:

Relationship to child e.g. mother, uncle:

Parental responsibility tick as appropriate:

Yes

No

Address:

Post Code:

Mobile Telephone Number:

Home Telephone Number:

Work Telephone Number:

Email Address:

### CONTACT 3

Contact Name:

Relationship to child e.g. mother, uncle:

Parental responsibility tick as appropriate:

Yes

No

Address:

Post Code:

Mobile Telephone Number:

Home Telephone Number:

Work Telephone Number:

Email Address:

**SIBLINGS**

Please list any siblings of your child currently in school:

Name:	Form:

**ETHNICITY AND CULTURAL INFORMATION****Your child's ethnicity:**

(please choose one from the following list)

Bangladeshi		Pakistani	
Black – African		White - British	
Black Caribbean		White - Irish	
Chinese		Any other mixed background	
Gypsy		Any other White background	
Gypst/Roma		White and Asian	
Indian		White and Black African	
Roma		White and Black Caribbean	
Any other Black background		Any other Asian background	
Any other ethnic group			

**Your child's religion:**

(please choose one from the following list)

Christian		Muslim	
Jewish		Sikh	
Hindu			
Other (please state)			

**Your child's first language:**

(this is the language they use most at home)

Afrikaans		Arabic	
Bengali		English	
French		Greek	
Gujarati		Hungarian	
Italian		Kurdish	
Latvian		Lituanian	
Pahari (Pakistan)		Panjabi	
Pashto/Pakhto		Polish	
Portuguese		Romanian	
Serbian/Croatian/Bosnian		Urdu	
Other: (please state)			

If you are a new arrival to the country within the last three years, please complete the details below.

<b>Date of arrival in the UK:</b>		
<b>The name of the country you arrived from:</b>		
<b>Is this the first school your child has attended in the UK:</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

### SCHOOL MEALS

If your child currently receives a free school meal, please tick this box.

If you would like information on applying for free school meals please visit the school website or [www.kirklees.gov.uk/freeschoolmeals](http://www.kirklees.gov.uk/freeschoolmeals) for more details or call 01484 221000.

As a school it is essential that the medical information we hold about your child is accurate and up to date in order for us to ensure the best possible care and support. If your child has a medical condition, allergy or intolerance we will send you a medical form to complete and return to school. Once this form is received it will be held on your child's record until your child leaves school or you notify the school in writing of any changes to their health or medication by emailing: [office@w-h-s.org.uk](mailto:office@w-h-s.org.uk). The medical needs policy can be found on the school website.

Please write details of any **medical conditions** here:

Please write any **allergies** or **intolerances** here:

## PARENTAL CONSENTS

### Biometric Cashless System Consent

At Westborough High School we use a cashless catering system to provide a more efficient, faster and ultimately better quality of service at break and lunch times.

The cashless catering system means that your child does not need to carry money throughout the day and as it is a biometric system, it recognises your child's fingerprint at the pay points and tills.

By law we need to obtain parental consent from both parent/guardians for us to continue to use your child's thumb print for the cashless catering system. This consent will remain until you child leaves the school or you subsequently withdraw your consent in writing.

If you choose for your child not to enrol on the Biometric Cashless System register then a 4-digit PIN Code will be allocated. Please note that PIN Codes do not have the same level of security as a thumbprint and it will be your child's responsibility to remember the code and keep it secure at all times.

If you require any more information or have any questions, please do not hesitate to get in touch.

Please complete the form below to indicate whether you consent for your child to use the Biometric system.

<b>YES</b> , we confirm that we wish our child <b>TO BE REGISTERED</b> on the school's Biometric Cashless Catering System with immediate effect	
<b>NO</b> , we <b>DO NOT</b> wish our child's finger print to be registered on the school's Biometric Cashless Catering System and a request that a pin number is issued	

### Photographs Consent:

During the school year we may take photographs and videos of pupils to showcase work in school and to celebrate the successes of our pupils. We use these images in the school's prospectus and newsletters, on the school's website and social media platforms, on display boards around school, and occasionally in the external press and media. We really value using images of our pupils in these positive ways and would like your consent to do so.

I agree that you may take photographs/film of my child and use them in the context stated above	YES / NO
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### Additional Consents:

On very rare occasions (e.g. extreme weather), the school may be closed at short notice. Please check the school website regularly for details of such arrangements.

I give consent for my child to walk home if the school closes due to adverse weather	YES / NO
I agree to let my child take part in school visits accompanied by an appropriate member of staff	YES / NO
I agree to let my child take part in school visits accompanied by an appropriate member of staff	YES / NO
I agree to let my child take part in extra-curricular activities	YES / NO
I agree to let my child access the internet at school	YES / NO
I agree to support the school policies (found on school website), including the mobile phone policy at all times	YES / NO
My child and I have read and fully support the WHS Home School Agreement	YES / NO

### Data Protection Act 1998:

The school is registered under the Data Protection Act for holding personal data. The school has a duty to protect this information and to keep it up to date. The school is required to share some of the data with the Local Authority and with the DCSF, and may be shared with other agencies that are involved in the health and welfare of the school's children. For more information please see the data protection policy on the school website.

### CONFIRMATION OF ALL DETAILS AND SIGNATURE

I confirm that the information I have provided on this form is accurate and that I will inform the school of any changes to these details at the earliest opportunity.

<b>Name</b> (please print your name):
<b>Signature</b> (please sign your name):
<b>Date:</b>

<b>Relationship to child</b> e.g. mother, uncle:		
<b>Parental responsibility</b> tick as appropriate:	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>

*For school use only:*

Birth cert received

UPN

Reg group